

NAME CHANGE/CORRECTION STATEMENT
Manufactured Home Ownership
Your TITLE is required with this form.

Wisconsin Department of Commerce
s. 341.335 Wis.Stats.

Name Change FROM	Name Change TO
Address	Social Security Number, Driver License Number, or Federal Employer Identification Number
City, State, Zip Code	Area Code and Telephone Number between 7:30 and 4:30 PM Weekdays
1. No fee is required for a name change or correction on your Certificate of Title.	Manufactured Home is now kept in <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town
2. Return this form with your Certificate of title to:	COUNTY OF: OF:

Wisconsin Dept. of Commerce
Manufactured Home Unit
P.O. Box 1355
Madison, WI 53701-1355

My name has been legally changed or needs to be corrected.

X